

PART B - FEE(S) TRANSMITTAL

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Judy Readman

(Depositor's name)

(Signature)

08/04/2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/849,071	05/04/2001	Herman P. Benecke	22094(1)CIP	8151

TITLE OF INVENTION: PLASTICIZERS DERIVED FROM VEGETABLE OILS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SZEKELY, PETER A	1714	524-114000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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1 Klaus H. Wiesmann

2

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Reg. #30,437

(Date)

8/3/2004

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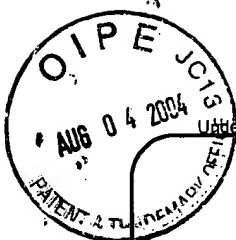
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/849,071	
	Filing Date	05/04/2001	
	First Named Inventor	Benecke et al.	
	Art Unit	1714	
	Examiner Name	Peter A. Szekely	
Total Number of Pages in This Submission	4	Attorney Docket Number	22094(1)CIP

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-2038 Credit Card Payment Form; Return Receipt Post Card
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Klaus H. Wiesmann, #30,437
Signature	<i>Klaus H. Wiesmann</i>
Date	08/03/2004

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Typed or printed name	Judy Readman
Signature	<i>Judy Readman</i>
Date	08/04/2004

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